

## Application Data Sheet

### Application Information

Application number::

Filing Date::

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

DUAL DRUG DOSAGE FORMS WITH  
IMPROVED SEPARATION OF DRUGS

Attorney Docket Number::

015662-002100US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.::

No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Jong  
Middle Name::  
Family Name:: Lim  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1053 Bentoak Lane  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95129

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: John  
Middle Name:: N.  
Family Name:: Shell  
Name Suffix::  
City of Residence:: Roseville  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 449 Venezian Court  
City of Mailing Address:: Roseville  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 95661

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Jenny

Middle Name::

Family Name:: Louie-Helm

Name Suffix::

City of Residence:: Union City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 30580 Mallorca Way

City of Mailing Address:: Union City

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94587

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application::

Continuity Type::

Parent Application::

Parent Filing Date::

### **Foreign Priority Information**

Country::

Application number::

Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::